

**Ben Franklin Academy  
Work-Study Hours/Week Sheet  
Fall 2024**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Week of : \_\_\_\_\_ Place of Work: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

I certify that the above name student has worked these hours.

\_\_\_\_\_  
Supervisor's Signature

**Daily Work-Study Log**

	<b>Place</b>	<b>Time</b>	<b>Hours</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Total Hours:**